



REPUBLIC OF MOZAMBIQUE

MINISTRY OF HEALTH

Committee of Experts on Immunisation (CoPI)

Second Meeting

Maputo, 14 to 16 de November 2011.

Recommendation on the Sustainability of the financing of EPI

Recommendation R001/02/2011

Preamble

- A. The CoPI acknowledged that the sustainability of the financing of the Health System, also affects the immunisation programme. Thus, the financing of the Health System should not be regarded in isolation and should cover both routine programmes, including the introduction of new vaccines, and complementary immunisation programmes (campaigns).
- B. The CoPI noted that, there is a worldwide lack of interest towards the immunisation programme that leads to the reappearance of diseases that had been controlled, which must be fought to prevent it from occurring in Mozambique, but the increase in coverage rates leads to accrued expenditure.
- C. The CoPI noted that EPI faces additional challenges associated to the vaccination of a greater number of children (with existing vaccines and new ones) and the financing for the introduction of new vaccines, which will require not only considerable investments, but also higher running costs.
- D. Estimates from developing countries showed that the costs for full vaccination of a child rose from 6 to 15 dollars on average, mainly due to the introduction of new vaccines.
- E. The CoPI noted with appreciation that the costs of some vaccines are decreasing, which holds the perspective for the introduction of new vaccines.
- F. However, the CoPI noted with concern that:
 - Although the MOH has a medium term expenditure framework (MTEF), total costs of immunisation programmes have not been presented for the last 2 or 3 years, nor the projections up to 2014.
 - Also, it was not possible to differentiate between contributions from the MOH and contributions from partners.

- The public accounting system through SISTAFE is not prepared to report costs per programme.
- G. The introduction of new vaccines will lead to considerable costs in areas other than the funding of vaccines, namely the great expansion of the cold chain at all levels, which will increase the bottleneck of the funding, being necessary to find innovative solutions.
- H. The CoPI noted that GAVI (Global Alliance for Vaccines and Immunisation) channels its assistance to countries through 5 different areas of funding: i) purchase of vaccines, ii) funding of operational costs, iii) expansion of the cold chain, iv) strengthening of Health Systems and v) support to Civil Society. However, Mozambique has only benefitted from one line of financing: the purchase of vaccines.

Operatives Paragraphs

Under these conditions, the CoPI recommends:

1. That MOH partners comply with all their funding commitments and do not divert funds from their normal financing to the MOH to other purposes.
2. That GAVI should be approached by the highest level of the MOH, so:
 - That Mozambique can benefit from other opportunities of co-financing from GAVI.
 - That the 2012 meeting of the GAVI Board is held in Mozambique.
3. That in future CoPI work sessions, data about NHS and EPI total costs for the last 2 or 3 years and projections for subsequent years are provided, as well as the distinction between internal financing by the Government and external financing by cooperation partners and the identification of the funding gap and ways to fill it.
4. That the MOH makes efforts toward the national competent authorities, so that, as soon as possible (and not later than 2013), the accounting system is able to report on the EPI costs.

Appeal

The CoPI calls on the Provincial and District Governments, the Civil Society organizations, the Health Professional Associations, the Business Community, all Political Parties, Religious Institutions, Universities and Academies,

Intellectuals, Writers, Artists and Sportspeople, the Traditional and Community Leaders, to get involved in the huge process of community mobilization in favour of the immunisation programmes and the creation of a great public/private partnership aiming at:

- **Considerably increasing the adherence to immunisation programmes and consequently improving coverage rates;**
- **Creating a National Vaccine Fund for the funding of new vaccines, with an entrepreneurial based management by a Board of Directors composed by the participants of the fund where, under the scope of this public-private partnership, the State would also contribute with a substantial amount, thus setting an example to other partners.**

The CoPI also call on the National Medical Council (Ordem dos Médicos), the Mozambican Medical Association (AMM), the Mozambican Public Health Association (AMOSAPU), the Mozambican Paediatricians Association (AMOPE), the Mozambican Obstetricians and Gynaecologists Association (AMOG) and the National Nurse Association (ANEMO) to take the leadership of this process.

Monitoring Indicators

- ▶ That in the present year of 2011 and in subsequent years, the MOH partners have effectively complied with all their funding commitments and have not diverted funds from their normal financing to MOH to other purposes:

Responsibility: Health Sector Partners.

- ▶ That, by the end of 2011, the MOH, at his highest level, has initiated the necessary proceedings toward GAVI for Mozambique to benefit from other opportunities of co-financing from GAVI:

Responsibility: H.E. the Minister of Health.

- ▶▶ That, by the end of 2012, there are evidences that Mozambique has already benefitted from other opportunities of co-financing from GAVI:

Responsibility: EPI Manager.

- ▶▶ That, by the end of the year, the MOH, at his highest level, addresses an official invitation to the GAVI Executive Director for the next 2012 GAVI Board meeting to be held in Mozambique:

Responsibility: H.E. the Minister of Health.

- ▶▶ That, by the end of 2012, the GAVI Board meeting has been held in Mozambique:

Responsibility: H.E. the Minister of Health and the GAVI Board.

- ▶▶ That, at future work session of the CoPI, the Technical Secretariat effectively provides data on the total costs of the NHS and EPI for the last 2 or 3 years and projection for subsequent years, as well as the distinction between internal financing by the government and external financing by the cooperation partners and the identification of the financial gap and ways to fill it:

Responsibility: Head of the Technical Secretariat and the National Deputy Director of Planning and Cooperation.

- ▶▶ That, by June 2012, there is evidence that the MOH has effectively made efforts toward the competent national authorities so that the MOH accounting system is organized in such a way it can report the EPI costs:

Responsibility: H.E. the Minister of Health and the National Director of Planning and Cooperation.

- ▶▶ That, by the end of 2013, the MOH accounting system is able to provide the EPI costs and its sources of financing:

Responsibility: National Director of Planning and Cooperation.

- ▶▶ That, by the end of 2011, the Health Professional Associations have taken the leadership of the community mobilization in favour of the immunisation programmes and the creation of a large public/private partnership for the funding of new vaccines:

Responsibility: Presidents of Health Professional Associations under the call of the President of the Public Health College of the National Medical Council.

- ▶ That, by June 2012, there are evidences that the community mobilization process in favour of immunisation programmes and the creation of a public/private partnership is operational:

Responsibility: Health Professional Associations and other Civil Society Organizations with the support of H.E. the Minister of Health and the Chairman of the President of Public Health College of the National Medical Council.

- ▶ That, by June 2012, the National Vaccine Fund has been created:

Responsibility: Government of the Republic of Mozambique with the support of the National Business Community, Health Professional Associations and other Civil Society Organizations.

Maputo, 16 November 2011